

Office of Mental Retardation
2003-2004
State established Maximum Fee Schedule for Early Intervention Base Funds
Effective March 1, 2004

Type of Service	Previous Procedure Code	Previous Modifier(s)	Previous Location	HIPAA Procedure Code(s)	New Pricing/ Info. Modifier(s)	New Location	Unit Fee (15 min. unit)
EI Base	<u>W0415</u> Social work	Z1, Z2, Z3, Z4	01 center	<u>96152</u> Individual intervention	TL	11	\$19.60
		Z1, Z2, Z3, Z4	01 center	<u>96154</u> Family intervention with child present	TL	11	\$19.60
		Z1, Z2, Z3, Z4	01 center	<u>96155</u> Family intervention without child present	TL	11	\$19.60
EI Base	<u>W1796</u> Social work	Z1, Z2, Z3, Z4	02 (home or community)	<u>S9127</u> Social work in home	TL	12 or 99	\$20.37
		Z1, Z2, Z3, Z4	02 (home or community)	<u>96154</u> Family intervention with child present	TL and U7	12 or 99	\$20.37
		Z1, Z2, Z3, Z4	02 (home or community)	<u>96155</u> Family intervention without child present	TL and U7	12 or 99	\$20.37
EI Base	<u>W1796</u> Social work	Z1, Z4	03 (inpatient 30 days or less prior to discharge)	<u>96154</u> Family intervention with child present	TL and U7	21	\$20.37

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EI Base	WO416 Audiology	Z1	01 center	V5008 Hearing screening	TL	11	\$30.36
		Z1	01 center	V5362 Speech screening	TL	11	\$30.36
		Z1	01 center 2 > <td>V5363 Language screening</td> <td>TL</td> <td>11</td> <td>\$30.36</td>	V5363 Language screening	TL	11	\$30.36
		Z2, Z3, Z4	01 center	V5299 Hearing services (miscellaneous)	TL and U7	11	\$30.36
EI Base	W1797 Audiology	Z1	02 (home or community)	V5008 Hearing screening	TL	12 or 99	\$31.58
		Z1	02 (home or community)	V5362 Speech screening	TL and U7	12 or 99	\$31.58
		Z1	02 (home or community)	V5363 Language screening	TL and U7	12 or 99	\$31.58
		Z2, Z3, Z4	02 (home or community)	V5299 Hearing services (miscellaneous)	TL and U8	12 or 99	\$31.58

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El Base	<u>WO418</u> Health services	Z1, Z2, Z3, Z4	01 center	<u>G0154</u> (RN)	TL and TD	11	\$19.05
		Z1, Z2, Z3, Z4	01 center	<u>G0154</u> (LPN)	TL and TE	11	\$19.05
El Base	<u>W1798</u> Health services	Z1, Z2, Z3, Z4	02 (home or community)	<u>G0154</u> (RN)	U7, TL and TD	12 or 99	\$19.82
		Z1, Z2, Z3, Z4	02 (home or community)	<u>G0154</u> (LPN)	U7, TL and TE	12 or 99	\$19.82
El Base	<u>W1798</u> Health services	Z1, Z4	03 (inpatient hospital)	<u>G0154</u> (RN)	U7, TL and TD	21	\$19.82
		Z1, Z4	03 (inpatient hospital)	<u>G0154</u> (LPN)	U7, TL and TE	21	\$19.82
El Base	<u>W0419</u> Nursing	Z1	01 center	<u>G0154</u> Nursing assessment	TL	11	\$19.05
		Z2, Z3, Z4	01 center	<u>G0154</u> (RN)	TL and TD	11	\$19.05
		Z2, Z3, Z4	01 center	<u>G0154</u> (LPN)	TL and TE	11	\$19.05
El Base	<u>W1799</u> Nursing	Z1	02 (home or community)	<u>G0154</u> Nursing assessment	TL and U7	12 or 99	\$19.82
		Z2, Z3, Z4	02 (home or community)	<u>G0154</u> (RN)	U7, TL and TD	12 or 99	\$19.82
		Z2, Z3, Z4	02 (home or community)	<u>G0154</u> (LPN)	U7, TL and TE	12 or 99	\$19.82

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EI Base	<u>W1799</u> Nursing	Z1	03 (inpatient 30 days or less prior to discharge)	<u>G0154</u> Nursing assessment	TL and U7	21	\$19.82
		Z4	03 (inpatient 30 days or less prior to discharge)	<u>G0154</u> (RN)	U7, TL and TD	21	\$19.82
		Z4	03 (inpatient 30 days or less prior to discharge)	<u>G0154</u> (LPN)	U7, TL and TE	21	\$19.82
EI Base	<u>WO420</u> Nutrition	Z1, Z2, Z3, Z4	01 center	<u>S9470</u> Nutritional counseling	TL and U8	11	\$19.05
EI Base	<u>W1800</u> Nutrition	Z1, Z2, Z3, Z4	02 (home and community)	<u>S9470</u> Nutritional counseling	TL and U9	12 or 99	\$19.82
EI Base	<u>W1800</u> Nutrition	Z1, Z4	03 (inpatient 30 days or less prior to discharge)	<u>S9470</u> Nutritional counseling	TL and U9	21	\$19.82

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El Base	<u>WO421</u> Occupational therapy	Z1	01 center	<u>97003</u> OT evaluation	TL	11	\$22.36
		Z1	01 center	<u>97004</u> OT re-evaluation	TL and U7	11	\$22.36
		Z2, Z3, Z4	01 center	<u>97532</u> Development of cognitive skills to improve attention memory, problem solving, direct (1 to1) patient contact by the provider each 15 minutes	TL	11	\$22.36
		Z2, Z3, Z4	01 center	<u>97533</u> Sensory integrative techniques to enhance sensory processing and promote adaptive response to environmental demands direct (1to1) patient contact by the provider each 15 mins.	TL	11	\$22.36
El Base	<u>W1801</u> Occupational therapy	Z1	02 (home and community)	<u>97003</u> OT evaluation	TL and U7	12 or 99	\$23.25

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EI Base	<u>W1801</u> Occupational therapy	Z1	02 (home and community)	<u>97004</u> OT re-evaluation	TL and U8	12 or 99	\$23.25
		Z2, Z3, Z4	02 (home and community)	<u>97532</u> Development of cognitive skills to improve attention, memory, problem solving, direct (1 to 1) patient contact by the provider each 15 minutes	TL and U7	12 or 99	\$23.25
		Z2, Z3, Z4	02 (home and community)	<u>97533</u> Sensory integrative techniques to enhance sensory processing and promote adaptive response to environmental demands direct (1to1) patient contact by the provider each 15 mins.	TL and U7	12 or 99	\$23.25

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EI Base	W1801 Occupational therapy	Z2, Z3, Z4	02 (home and community)	97535 Self care/home management training ADL and compensatory training, meal preparation, safety procedure and instruction in use of assistive technology device/adaptive equipment direct (1 to 1) contact by provider each 15mins.	TL	12 or 99	\$23.25
EI Base	W1801 Occupational therapy	Z1, Z4	03 (inpatient 30 days or less prior to discharge)	97003 OT evaluation	TL and U7	21	\$23.25
		Z1, Z4	03 (inpatient 30 days or less prior to discharge)	97004 OT re-evaluation	TL and U8	21	\$23.25
EI Base	WO422 Physical therapy	Z1	01 center	97001 PT evaluation	TL	11	\$22.36
			01 center	97002 PT re-evaluation	TL and U7	11	\$22.36

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El Base	<u>WO422</u> Physical therapy	Z2, Z3	01 center	<u>97110</u> Therapeutic procedure, one or more areas, each 15 mins. Therapeutic exercises to develop strength and endurance, range of motion and flexibility	TL and U9	11	\$22.36
		Z2, Z3	01 center	<u>97116</u> Gait training (includes stair climbing)	TL and U8	11	\$22.36
	Z4		01 center	<u>97750</u> Physical performance test or measurement (eg. Musculoskeletal, functional capacity) with written report, each 15 mins.	TL and U7	11	\$22.36
El Base	<u>W1802</u> Physical therapy	Z1	02 (home and community)	<u>97001</u> PT evaluation	TL and U7	12 or 99	\$23.25
			02 (home and community)	<u>97002</u> PT re-evaluation	TL and U8	12 or 99	\$23.25
	Z1	Z2, Z3	02 (home and community)	<u>97110</u> Therapeutic procedure, one or more areas, each 15 mins. Therapeutic exercises to develop strength and endurance, range of motion and flexibility	TL and UB	12 or 99	\$23.25

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EI Base	<u>W1802</u> Physical therapy	Z2, Z3	02 (home and community)	<u>97116</u> Gait training (includes stair climbing)	TL and UB	12 or 99	\$23.25
		Z2, Z3	02 (home and community)	<u>97530</u> Therapeutic activities direct (1 to 1) patient contact by the provider (use of dynamic activities to improve functional performance each 15 mins.)	TL and U9	12 or 99	\$23.25
		Z4	02 (Home and community)	<u>97750</u> Physical performance test or measurement (eg. Musculoskeletal, functional capacity) with written report, each 15 mins.)	TL and U8	12 or 99	\$23.25
EI Base	<u>W1802</u> Physical therapy	Z1	03 inpatient (30 days or less prior to discharge)	<u>97001</u> PT evaluation	TL and U7	21	\$23.25
		Z1	03 inpatient (30 days or less prior to discharge)	<u>97002</u> PT re-evaluation	TL and U8	21	\$23.25

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EI Base	<u>W1802</u> Physical therapy	Z4	03 inpatient (30 days or less prior to discharge)	<u>97750</u> Physical performance test or measurement (eg. Musculoskeletal, functional capacity) with written report, each 15 mins	TL and U8	21	\$23.25
EI Base	<u>WO423</u> Psychological services	Z1, Z4	01 center	<u>T1024</u> Evaluation and treatment by and integrated specialty team contracted to provide coordinated care to multiple or severely handicapped children per encounter	TL	11	\$19.60
		Z2, Z3	01 center	<u>T1027</u> Family training and counseling for child development per 15 minutes	TL	11	\$19.60
EI Base	<u>W1803</u> Psychological services	Z1, Z4	02 (home and community)	<u>T1024</u> Evaluation and treatment by and integrated specialty team contracted to provide coordinate care to multiple or severely handicapped children per encounter	TL and U7	12 or 99	\$20.37

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EI Base	<u>W1803</u> Psychological services	Z2, Z3	02 (home and community)	<u>T1027</u> Family training and counseling for child development per 15 minutes	TL and U7	12 or 99	\$20.37
EI Base	<u>W1803</u> Psychological services	Z1, Z4	03 inpatient (30 days or less prior to discharge)	<u>T1024</u> Evaluation and treatment by and integrated specialty team contracted to provide coordinate care to multiple or severely handicapped children per encounter	TL and U7	21	\$20.37
EI Base	<u>WO424</u> Speech pathology	Z1, Z4	01 center	<u>92506</u> Evaluation or speech, language, voice communication, auditory processing, and/or rehabilitation status.	TL	11	\$20.16
		Z1, Z4	01 center	<u>92610</u> Evaluation of oral and pharyngeal swallowing function	TL	11	\$20.16

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El Base	<u>WO424</u> Speech pathology	Z2, Z3	01 center	<u>92507</u> Treatment of speech, language, voice communication, and/or auditory processing disorder (includes aural rehabilitation): individual	TL and U7	11	\$20.16
		Z2, Z3	01 center	<u>92526</u> Treatment of swallowing dysfunction and/or oral function for feeding	TL	11	\$20.16
El Base	<u>W1804</u> Speech pathology	Z1, Z4	02 (home and community)	<u>92506</u> Evaluation or speech, language, voice communication, auditory processing, and/or rehabilitation status.	TL and U7	12 or 99	\$20.98
		Z1, Z4	02 (home and community)	<u>92610</u> Evaluation of oral and pharyngeal swallowing function	TL and U7	12 or 99	\$20.98
		Z2, Z3	02 (home and community)	<u>92507</u> Treatment of speech, language, voice communication, and/or auditory processing disorder (includes aural rehabilitation): individual	TL and U8	12 or 99	\$20.98

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El Base	<u>W1804</u> Speech pathology	Z2, Z3	02 (home and community)	<u>92526</u> Treatment of swallowing dysfunction and/or oral function for feeding	TL and U7	12 or 99	\$20.98
El Base	<u>W1804</u> Speech pathology	Z1, Z4	03 inpatient (30 days or less prior to discharge)	<u>92506</u> Evaluation of speech, language, voice communication, auditory processing, and/or rehabilitation status.	TL and U7	21	\$20.98
		Z1, Z4	03 inpatient (30 days or less prior to discharge)	<u>92610</u> Evaluation of oral and pharyngeal swallowing function	TL and U7	21	\$20.98
El Base	<u>Z9812</u> Service coordination	Not applicable	01 center	<u>T1016</u> Case management per 15 minutes	TL and U7	11	\$14.64
		Not applicable	02 home and community	<u>T1016</u> Case management per 15 minutes	TL and U7	12 or 99	\$14.64
		Not applicable	03 inpatient (30 days or less prior to discharge)	<u>T1016</u> Case management per 15 minutes	TL and U7	21	\$14.64
El Base	<u>W1805</u> Special instruction	Z1, Z2, Z3, Z4	01 center	<u>H2037</u> Developmental delay prevention activities	TL	11	\$19.05

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El Base	<u>W1806</u> Special instruction	Z1, Z2, Z3, Z4	02 Home and community	<u>S5110</u> Home care training with family	TL	12 or 99	\$19.82
		Z1, Z2, Z3, Z4	02 Home and community	<u>H2037</u> Developmental delay prevention activities	TL	12 or 99	\$19.82
El Base	<u>W1806</u> Special instruction	Z1,Z4	03 inpatient (30 days or less prior to discharge)	<u>H2037</u> Developmental delay prevention activities	TL	21	\$19.82
El Base	ASSIS Assistive technology	Not applicable	Not applicable	<u>W7295</u>		Not applicable	Rate is county MH/MR program specific ND Number of devices
El Base	TRANS Transportation (child)	Not applicable	Not applicable	<u>W7296</u> TL		Not applicable	Rate is county MH/MR program specific RT Round Trip

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EI Base	VISIO Vision	Not applicable	Not applicable	<u>W7297</u> TL		Not applicable	Rate is county MH/MR program specific QR quarter hour unit
EI Base	MEDSV Medical services (for diagnosis only)	Not applicable	Not applicable	<u>W7298</u>	TL	Not applicable	Rate is county MH/MR program specific RC reasonable costs
EI Base	TRAVL staff travel	Not applicable	02 home and community	<u>W7299</u>	TL	99	Rate is county MH/MR program specific VT Visit